

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/672338	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
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8		/		/		/	58						
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12		/		/		/	62						
13		/		/		/	63						
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47		/		/		/	97						
48		/		/		/	98						
49		/		/		/	99						
50		/		/		/	100						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	29		29		29		TOTAL DEP.						
TOTAL CLAIMS	30		30		30		TOTAL CLAIMS						